

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 11003
110 Rosewood

1. OWNER Dividend Court ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec 33 T 19 N/S R 28 E Churchill County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 003-673-48 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand		0	9	9
Brown Clay		9	13	4
Brown Sand	✓	13	34	21
Black Sand	✓	34	47	13
Black Sandy Clay	✓	47	64	17
Brown Sand	✓	64	75	11

8. WELL CONSTRUCTION
 Depth Drilled 75 Feet Depth Cased 75 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 75 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.9</u>	<u>.188</u>	<u>71</u>	<u>75</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .250
 From _____ feet to _____ feet
 From 66 feet to 73 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 13-6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welco Contractor
 Address Box 888 Contractor
Fallon
 Nevada contractor's license number issued by the State Contractor's Board 1052
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772
 Signed W. O. B. [Signature]
 By driller performing actual drilling on site or contractor
 Date June 25 - 94

Date started June 11, 1994
 Date completed June 11, 1994

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>40</u>		<u>1</u>	